

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012653

Entity Name: W3 PRO SERVICES INC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

7901 KINGSPONTE PKWY
12F
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7901 KINGSPONTE PKWY
12F
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-1926584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CRISTINA
6220 S ORANGE BLOSSOM TRAIL
603
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

SAFETY BUSINESS LLC
6220 S ORANGE BLOSSOM TRAIL
603
ORLANDO, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CRISTINA RIVERA

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALVES, SUELI GOMES M
Address: 3300 SMOKE SIGNAL CIR
City-St-Zip: ORLANDO, FL 34746 US

Title: DS () Delete
Name: FERREIRA, ADELAIR JR
Address: RUA BATISTA CAETANO, 248
City-St-Zip: SAO PAULO, SP 04108 BR

Title: DT () Delete
Name: VIDAL, ROBERTO T
Address: 6421 HILL O SANDS CT
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUELI GOMES ALVES

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date